

INVENTOR INFORMATION

Inventor One Given Name:: RON

Family Name:: DEMBO

Postal Address Line One:: 398 Markham Street

City:: Toronto

State or Province:: Ontario

Country:: Canada

Postal or Zip Code:: M6G 2K9

City of Residence:: Toronto

State or Province of Residence:: Ontario

Country of Residence:: Canada

Citizenship Country:: Canada

Inventor Two Given Name:: ALON

Family Name:: ADAR

Postal Address Line One:: 291 Rushton Road

City:: Toronto

State or Province:: Ontario

Country:: Canada

Postal or Zip Code:: M6C 2X8

City of Residence:: Toronto

State or Province of Residence:: Ontario

Country of Residence:: Canada

Citizenship Country:: Canada

Inventor Three Given Name:: NEIL EDWARD

Family Name:: BARTLETT

Postal Address Line One:: 205 Clendenan Avenue

City:: Toronto

State or Province:: Ontario

Country:: Canada

Postal or Zip Code:: M6P 2W9

City of Residence:: Toronto

State or Province of Residence:: Ontario

Country of Residence:: Canada

Citizenship Country:: Canada

Inventor Four Given Name:: BRIAN  
Family Name:: PARKINSON  
Postal Address Line One:: 10 Alma Avenue  
City:: Toronto  
State or Province:: Ontario  
Country:: Canada  
Postal or Zip Code:: M6J 1N2  
City of Residence:: Toronto  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Citizenship Country:: Canada

Inventor Five Given Name:: DAVID  
Family Name:: PERRY  
Postal Address Line One:: 187 Woburn Avenue  
City:: Toronto  
State or Province:: Ontario  
Country:: Canada  
Postal or Zip Code:: M5M 1K8  
City of Residence:: Toronto  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Citizenship Country:: Canada

Inventor Six Given Name:: MICHAEL  
Family Name:: ZERBS  
Postal Address Line One:: 369 Calvert Road  
City:: Markham  
State or Province:: Ontario  
Country:: Canada  
Postal or Zip Code:: L6C 1X7  
City of Residence:: Markham  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Citizenship Country:: Canada

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 27160

Fax:: (312) 902-1061

APPLICATION INFORMATION

Title Line One:: RISK MANAGEMENT SYSTEM, DISTRIBUTED FRAMEWORK AND METHOD

Total Drawing Sheets:: 6

Informal Drawings?: Yes

Application Type:: Utility

Docket Number:: 13408.00007

Secrecy Order in Parent Appl.?: No

REPRESENTATIVE INFORMATION

Representative Customer Number:: 27160

PRIOR FOREIGN OR US APPLICATIONS

U.S. Application One:: 09/323,680

Filing Date:: 6/2/99

Country:: USA

Priority Claimed:: Yes

Doc #:DC01 (13202-00144) 4088290v1;3/20/2001/Time:13:48